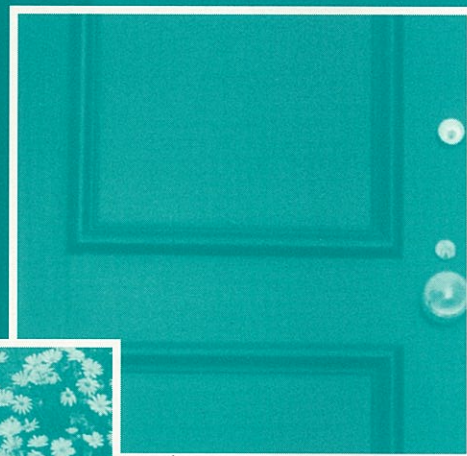
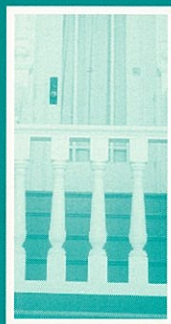


# FINDING A PLACE TO *Live*



A Guide to Community

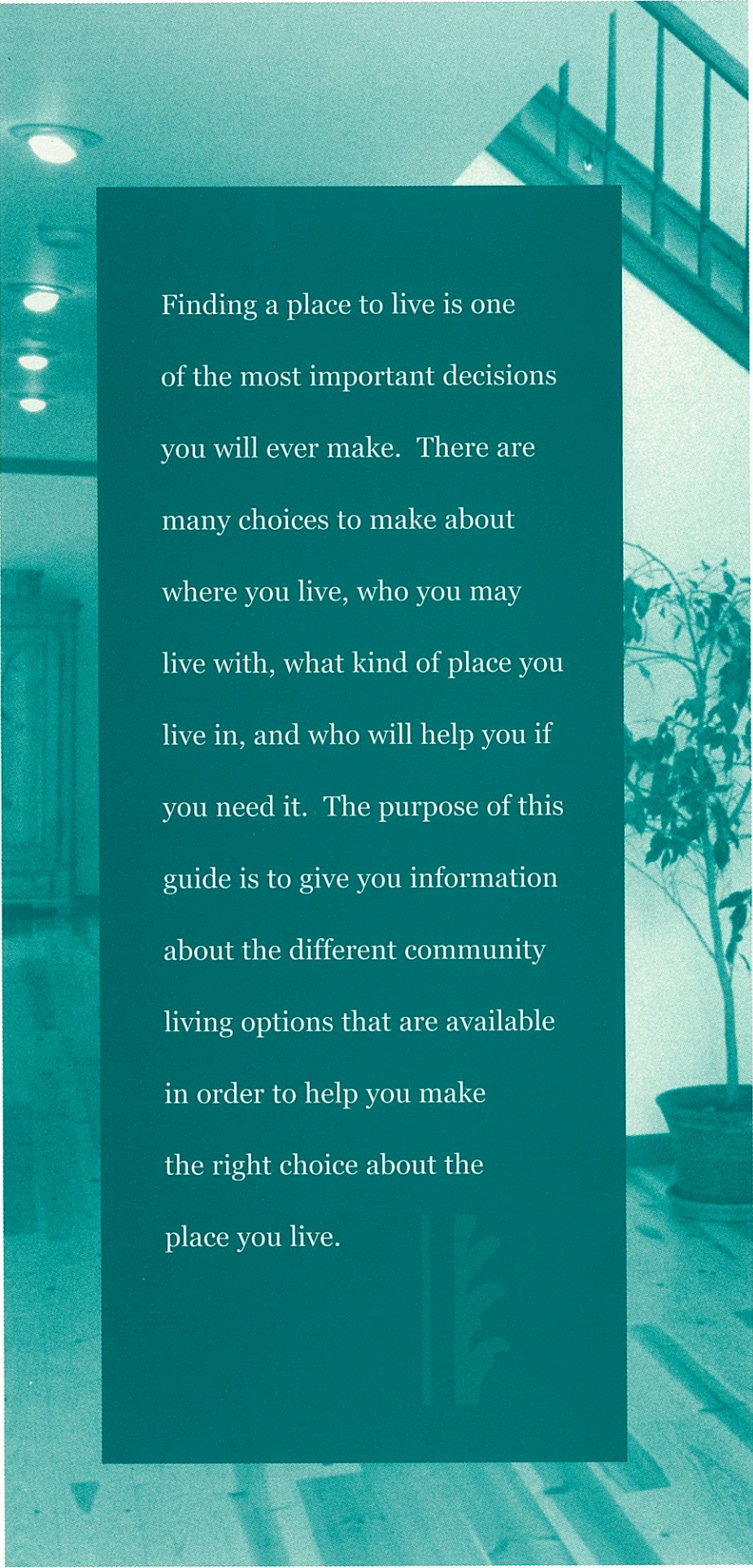
Living Options For Adults

With Developmental

Disabilities and

Their Families





Finding a place to live is one of the most important decisions you will ever make. There are many choices to make about where you live, who you may live with, what kind of place you live in, and who will help you if you need it. The purpose of this guide is to give you information about the different community living options that are available in order to help you make the right choice about the place you live.



## LICENSED FACILITIES OR GROUP HOMES

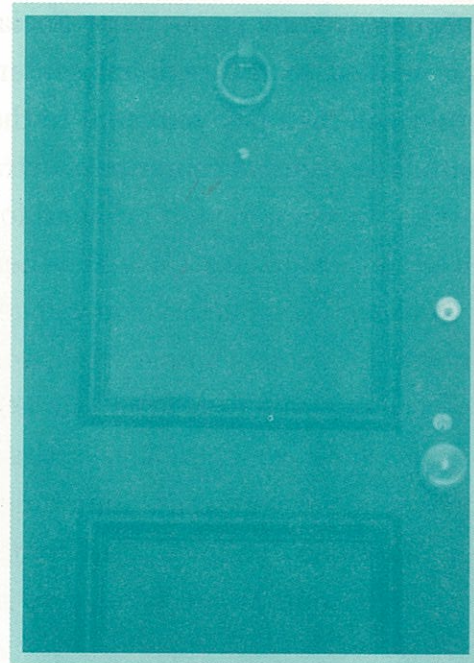
One of the choices you have is a Group Home. A Group home may also be called a Board and Care, an Adult Residential Facility (ARF), a Community Care Facility (CCF), or an Intermediate Care Facility (ICF). Most of the time, six residents live in a group home along with a staff person or persons. Some may be smaller, with two to four residents. Residents normally share a bedroom with one roommate. They may also share a bathroom with one or more residents. The staff person is there to help them and make sure they are safe. Whenever a resident is home, a staff person must be in the Group Home.

It is very important to understand that Group Homes are not just places where people with disabilities live and get the help they need. They are also licensed businesses, which means that they have to obey many laws and regulations. If they do not obey these laws, they can be closed down. Residents are encouraged to make choices and decisions about what happens in the home, but sometimes a law or regulation will keep them from getting what they want. Most group homes have House Rules that everyone must follow. Sometimes these rules keep a person from doing some of things they want. Licensed Groups Homes also have the right to decide if you move in or not. You may like a home, and tell your service coordinator you want to live there. But the Group Home can say “no” if they don’t think they can give you all the help you need.

Everyone is different and may need help with different things. Some people need help taking care of themselves. They may need help with dressing, eating, or bathing. Others may need help

learning how to get along with people at home and in the community. Some people have health problems and need to live in a place that will give them nursing care. Other people are very independent and do not need much help at all. Because everyone’s needs are different, Group Homes are set up to provide different kinds of services to meet the needs of the people who live there.

On the next few pages you will learn about different kinds of group homes. ■



***Group Homes are set up to provide different kinds of services to meet the needs of the people who live there.***



## COMMUNITY CARE FACILITIES

The State of California Department of Social Services, Community Care Licensing Division (CCL), licenses all Community Care Facilities (CCFs). This means that a licensing worker visits each home on a regular basis to make sure residents are safe, and the house is clean and comfortable. Licensing workers also check to make sure the staff persons working in the home do not have criminal records. CCFs are required by law to provide care and supervision to residents 24 hours a day, seven days a week.

**Who pays?** In a Community Care Facility, you pay from your Social Security check (SSI and/or SSA) for your “room and board.” This pays for your room, meals, bedding, towels, toilet paper, soap, shampoo, toothpaste, and many other things. The regional center asks to become the payee for your Social Security check when you move in. When the regional center becomes your payee, your Social Security check is mailed to the regional center. The regional center will then pay your rent to the home every month. The regional center pays extra money to homes that have more staff on hand for residents who need more help (see Table 1). When you live in a Community Care Facility you will get Personal and Incidental, or P&I money to spend each month. This is money left over from your SSI check that you can use for yourself. You can use this money to buy whatever you want. Sometimes you take care of the money yourself, and sometimes the staff at the Group Home takes care of it for you.

## Community Care Facilities, Level 1, Level 2, Level 3, and Level 4 Homes

A Level 1 home, also called a board and care, provides a place to stay and may provide meals. The people who live in Level 1 homes are usually very independent and do not need much help. Level 2-4 homes provide a place to stay and meals, plus staff persons are on hand to help residents, and make sure everyone is safe. In general, the higher the level of the home, the more staff are there to help residents. A team that includes the consumer and family, the regional center service coordinator, and sometimes other professionals, such as a physician, a nurse, or a psychologist, decides just what level of home a person needs. Staff persons in the home may help residents with dressing, bathing, and other personal hygiene; help with taking medications, and making sure medications are stored safely; help getting to the doctor or dentist; making sure residents get out into the community regularly; helping residents with spending and saving their money; making sure meals are healthy; and keeping the home clean and safe inside and out. Staff persons are also supposed to provide activities that will help residents be more independent, and work on each resident's Individual Program Plan (IPP) objectives.

## Residential Care Facility for the Elderly (RCFE)

An RCFE is a home for older people. Most of the residents who live in an RCFE are over the age of 62. Some residents may be a little younger, but need the same kinds of help as an older person. People who live in an RCFE may or may not have a developmental disability. ■





***In general, the higher the level of the home, the more staff are there to help residents. A team that includes the consumer and family, the regional center service coordinator, and sometimes other professionals, such as a physician, a nurse, or a psychologist, decides just what level of home a person needs.***





## COMMUNITY CARE FACILITIES

The state of California has many different types of services. Community Care Facilities (CCFs) are one of the many types of facilities. CCFs are places where people live who are unable to live at home and need help with daily activities. Each home in a CCF has a staff member who helps residents eat, bathe, and take medicine. The homes are comfortable. Licensing workers also check to make sure the staff provide the best care for residents. CCFs are required by law to provide care and supervision to residents 24 hours a day, seven days a week.

Who pays? In a Community Care Facility, you pay from your Social Security check (SSI and/or SSDI) for your "room and board." This pays for your room, meals, bedding, towels, toilet paper, soap, shampoo, bath towels, and many other things. The regional center asks to be paid the price for your Social Security check when you are in a CCF. The regional center also pays for your Social Security check to be paid to the regional center. The regional center also pays for the home care services. The regional center also pays for the home care services.



**Health Care Facilities are required by law to provide care and supervision to residents 24 hours a day, seven days a week. A team that includes the consumer and family, the regional center service coordinator, and usually a physician or nurse, decides what kind of health care facility a person needs.**





## HEALTH CARE FACILITIES

The State of California Department of Health Services (DHS) licenses all Health Care Facilities. This means that a DHS licensing worker visits each home on a regular basis to make sure residents are safe, healthy, and active. DHS workers also check to make sure the staff members working in the home do not have criminal records. Health Care Facilities are required by law to provide care and supervision to residents 24 hours a day, seven days a week. A team that includes the consumer and family, the regional center service coordinator, and usually a physician or nurse, decides what kind of health care facility a person needs.

**Who pays?** In a Health Care Facility, the Federal Government pays for your rent and for the services you need. When you move into a Health Care Facility, you stop getting a Social Security check (SSI and/or SSA). You will get money each month that you can spend on anything you want, but it is not as much as you would get if you lived in a Community Care Facility.

### Intermediate Care Facility (ICF)

An ICF is a place for people who have health problems and need nursing care, but do not have to be in a hospital. An ICF is usually a big place with lots of staff and many rooms that residents share. The people who live there may or may not have a developmental disability.

### Intermediate Care Facility/Developmentally Disabled (ICF/DD)

An ICF/DD is a place for people with developmental disabilities who have health problems and need nursing care, but do not have to be in a hospital. Like an ICF, an ICF/DD is usually a big place with lots of staff and many rooms that residents share.

### Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DDH)

An ICF/DDH is smaller than an ICF and an ICF/DD. An ICF/DDH usually looks like a typical home, and most serve six residents. Some are larger and serve up to 15 residents. "Habilitative" means that the residents are given the care and training they need to be more healthy, active, and independent. People who live in an ICF/DDH may have health problems that need to be checked from time to time, but are not serious enough to require regular nursing care.

### Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DDN)

An ICF/DDN usually looks like a typical home and serves six residents. Some are larger and serve up to 15 residents. People who live in an ICF/DDN have health problems that require regular nursing care. ICF/DDN staff are supervised and trained by a licensed nurse. Residents are also provided with habilitative services, which means they are given the care and training they need to be more healthy, active, and independent.

### Skilled Nursing Facility (SNF)

A SNF can be a facility by itself or a part of a hospital. People who live in a SNF have serious health problems that require 24-hour nursing care. A physician is there at all times. The resident's health care needs come first in a SNF, but social and recreational activities are also provided. ■



## OTHER LIVING OPTIONS

### Family Home Agency for Adults (FHA)

An FHA is for adults who want to live with another family, other than their natural family. An FHA is a private, not-for-profit agency, which means it is not as much of a “business” as a Group Home. The FHA finds and trains families who would like to have a person with a disability live with them. The homes do not have to be licensed. No more than two adults with disabilities can live in a Family Home. The regional center and the FHA work together to make sure each Family Home provides good care and services.

### Emergency Shelters

Emergency shelters are places to stay on a temporary basis (less than six months) for people who are homeless and cannot afford to live somewhere else. ■

## INDEPENDENT LIVING AND SUPPORTED LIVING SERVICES

Another choice to think about is living on your own. There are agencies that can provide different kinds of help or “supports” so you can live in your own place. There are two kinds of services that can help you live on your own. They are called Independent Living Services (ILS), and Supported Living Services (SLS). ILS and SLS agencies usually support people in apartments that they share with someone else. You might prefer to live alone if you can find an affordable apartment. You pay your own rent out of your own money. The apartment you live in can be anywhere you like and that you can afford. Unlike a licensed Group Home, staff will not be there to help you all the time. Staff will only visit at times when you need help the most. ILS and SLS sound very much the same, but there are big differences that you should know before you make a choice.

### Independent Living Services (ILS)

An ILS agency is made up of staff who come to your own place, usually an apartment that you share, to help you at the times you need it. Since it's your own apartment, you will pay for the rent, for groceries, phone service, and other utilities like anyone else. The regional center pays the ILS agency for the staff that helps you. The idea behind ILS is to help you learn the things you need to know so that after awhile, you can live on your own without any help at all. In other words, ILS is meant to be a “temporary” service.

If you want ILS, the first thing you do is ask your service coordinator. Your service coordinator will tell you about the different ILS agencies in the area. After you choose one, the ILS agency will do an “assessment,” which means someone will meet





with you to talk about living on your own. They will ask you questions about where you want to live, how much rent you can afford to pay, and how much help you think you will need. A team that includes you and your family, the regional center service coordinator, and sometimes other professionals, such as a physician, a nurse, or a psychologist, usually discusses how much help you will get. If you decide that ILS is what you want, the ILS agency will then help you find a place to live. Renting an apartment can be expensive, and you may need to find a roommate to share the costs with you. ILS agencies can usually help you find a roommate if you don't already have a friend in mind.

### Supported Living Services (SLS)

Like ILS, Supported Living Services are usually provided by an agency made up of staff who come to your own place to help or "support" you. You pay your own rent out of your own money. The regional center pays the SLS agency for the staff that helps you. But there are three big differences between ILS and SLS. First of all, with ILS other people make many important decisions for you. But with SLS, you are in charge. You decide where you will live. You decide whether or not you will have a roommate. You decide who will help you in your place. If you are not happy with the staff who is helping you, you can let them go. The second big difference is that SLS is not temporary. SLS staff will help you for as long as you need it. The third big difference is that some of the people who help you may not work for the SLS agency. They will be people you know and trust that agree to help you for free. These people are sometimes called your "Circle of Support."

If you want SLS, the first thing you do is ask your service coordinator. Your service coordinator will

tell you and your family all about SLS, and give you the names of the SLS agencies in the area. After you choose an agency, it's time to plan for your future. Remember, with SLS you are in charge. But being in charge does not mean that you have to make all decisions by yourself. You have the right to ask for a meeting to help you make your plan. You can invite anyone you want to this meeting to help you. Some of the people you invite will become part of your Circle of Support. Your service coordinator, and a person from the SLS agency you chose will be there too. After your plan is finished, the SLS agency and your Circle of Support will work with you to find a place to live. Because rent is very expensive, you may need to find a roommate to share the costs with you. The SLS agency and your Circle of Support can help you find a roommate if you need one. ■







## WHICH LIVING OPTION IS BEST FOR YOU?

If you are thinking about moving into a **Community Care Facility**, or a **Health Care Facility**, here are some tips for choosing the one that is best for you.

First of all, there are some important differences between Community Care Facilities and Health Care Facilities that you should know about before making up your mind. Health Care Facilities are required to provide residents with active treatment. This means that when you are home, the staff will have different activities going on for you to participate in. These activities are meant to teach you to do things that will help you be more independent. They could include household tasks (cleaning your room, making your bed, cooking, doing laundry, etc.), or learning to take better care of yourself (bathing, shaving, brushing teeth, etc.) If you feel that you need to learn how to do some of these things, then a Health Care Facility might be best for you. But remember, these facilities are

required by law to do these activities. This means that the staff will strongly encourage you to participate in activities when you are home. If you like to relax and be alone when you get home, then this could be a problem.

Community Care Facilities will also have activities going on when you're home. The staff will encourage you to participate, but the facility won't get in trouble if you say "no." So, if you feel that you don't need to learn how to do household tasks or to take better care of yourself, and you like to be alone and relax when you're home, then a Community Care Facility might be best for you.

Once you've made your decision, talk to your service coordinator and tell him or her that you want to move. Tell your service coordinator why you want to move, what area you would like to live in, and what you want and need. Your service coordinator will find out which homes have openings in the area you want and arrange for you and your family to visit. It may take a few weeks, or even longer for your service coordinator to find a home that you would like. Sometimes there aren't any homes in the area you want to live in. Sometimes there are homes, but there aren't any openings. Be patient. Your service coordinator will call you when he or she has found homes for you to see. Call your service coordinator if you do not hear anything after three or four weeks.

Your service coordinator may tell you that he or she could only find one home for you to visit, and sometimes this is true. But it is important to know that most regional centers have over one hundred homes in their area. Some have over two hundred homes. So, speak up! Your service coordinator should be able to find at least two or three homes for you to visit.



Once your service coordinator has found a home that you might like, a visit is scheduled. This visit is sometimes called a **pre-placement visit**. You can invite your family, a friend, or your service coordinator to go with you. If you can, go at dinnertime when all the residents are home so that you can meet everyone. Take a tour. Look at the house inside and out. Is it clean and comfortable? Ask to see the available room and meet the person who might be your roommate. Look at the neighborhood. Are there stores and restaurants nearby? If you take the bus, is there a bus stop close by? Is the home close enough to your family, your friends, and your job or school?

This visit is a time for the staff persons to ask you questions about what you like to do and what kind of help you will need. But more important, it is the time for you to ask questions. What are the house rules? When do the residents have house meetings to talk over problems and make plans together? What does everybody do in the evenings and on weekends? What do they do for fun?

***Once your service coordinator has found a home that you might like, a visit is scheduled. This visit is sometimes called a pre-placement visit. You can invite your family, a friend, or your service coordinator to go with you. If you can, go at dinnertime when all the residents are home so that you can meet everyone. Take a tour.***

If you are thinking about living on your own and having an **Independent Living Agency** help you, the most important thing to do is talk with your service coordinator. Ask questions. Who can help me? How much help can I get? Will they help me in a place I choose, or do they have places already picked out? How much rent will I pay? Will they help me find a roommate if I need one? How long will it take to move into my own place? Get as much information as you can before you make your choice. Be patient. After you choose an agency, it may take weeks or even a month or two before you move into your own place.

If you are thinking about living on your own and having a **Supported Living Agency** help you, the most important thing to remember is you are in charge. This means that you and your family will need to learn as much as you can about SLS before you choose an agency to help you. Ask your service coordinator to have your Circle of Support planning meeting as soon as possible. You can invite as many people as you want to your meeting. When you invite the people in your Circle of Support, be sure to give them plenty of advance notice, maybe two or three weeks before the meeting happens. Your service coordinator can help you with this. Choose a place to meet that's really comfortable for you. It should be quiet and away from other people so that the meeting will not be interrupted. Some good choices for a meeting place might be your own living room, or a classroom at school, your church, or the regional center. Don't think that you will have to do all the talking. The people in your Circle of Support will be talking too. Together, you will come up with a plan that explains how everyone in your Circle of Support will help you in your own place. Be patient. It may take a few months before you move into your own place. ■



## FINAL THOUGHTS

Finding a place to live is complicated and takes a long time. It is very important that you learn as much as you can about all your choices before deciding. Talk to someone who knows about the home or agency you are interested in. Ask someone you trust to help you. Your service coordinator can also help. Visit different homes. Talk to the staff that works there. You can also contact Community Care Licensing to find out if the home your interested in is doing a good job. Take your time. Be patient. Remember, this is your life. Good Luck!





## MORE INFORMATION

You can contact any of the following to learn more about living options available to you:

### Your Regional Center

For information about all community living options available in your area: laws and regulations covering both Community Care Licensed Facilities (Title 17); Department of Health licensed facilities (Title 22); review of facility program designs; Independent Living Services; Supported Living Services.

**Eastern Los Angeles Regional Center:**  
**(626) 299-4700**

**Frank D. Lanterman Regional Center:**  
**(213) 383-1300**

**Harbor Regional Center :**  
**(310) 540-1711**

**North Los Angeles County Regional Center:**  
**(818) 778-1900**

**San Gabriel/Pomona Regional Center:**  
**(909) 620-7722**

**South Central Los Angeles Regional Center:**  
**(213) 763-7800**

**Westside Regional Center:**  
**(310) 258-4000**

### Community Care Licensing

For information about CCL laws and regulations (Title 22), and licensing reviews of facilities.

**Los Angeles Regional Office:**  
**(310) 665-1940**

### Advocacy Services

For information about others who can help you.

**Office of Client's Rights Advocacy:**  
**(800) 390-7032**

**Area Board 10: (818) 543-4631**

Your Regional Center Consumer Rights Advocate:  
(Call your regional center).

### Your Service Coordinator:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_





*Notes*





**TABLE 1****COMMUNITY CARE FACILITIES  
MONTHLY RATES PER CONSUMER**

<b>Service Level</b>	<b>Owner Operated</b>	<b>Staff Operated</b>
<b>Board &amp; Care Level 1</b>	<b>\$731</b>	<b>\$731</b>
<b>Level 2</b>	<b>\$1,356</b>	<b>\$1,537</b>
<b>Level 3</b>	<b>\$1,575</b>	<b>\$1,809</b>
<b>Level 4A</b>		<b>\$2,354</b>
<b>Level 4B</b>		<b>\$2,515</b>
<b>Level 4C</b>		<b>\$2,675</b>
<b>Level 4D</b>		<b>\$2,876</b>
<b>Level 4E</b>		<b>\$3,091</b>
<b>Level 4F</b>		<b>\$3,305</b>
<b>Level 4G</b>		<b>\$3,558</b>
<b>Level 4H</b>		<b>\$3,826</b>
<b>Level 4I</b>		<b>\$4,203</b>

*The state establishes rates for community care facilities on an annual basis. This table shows the rates for 2000. Level 3 and 4 homes are expected to maintain a higher staff to resident ratio because they are providing care to residents with more needs for supervision and training.*



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